

## UNITED STATES DISTRICT COURT

MIDDLE

District of

PENNSYLVANIA9/12/01  
mDARRELL G. OBER  
Plaintiff

## SUMMONS IN A CIVIL CASE

V.

JOANNA REYNOLDS and  
SYNDI GUIDO,  
Defendants

CASE NUMBER:

1:01-CV-0084

Judge Caldwell

FILED  
HARRISBURG

SEP 10 2001

MARY E. D'ANDREA, CLERK  
Per \_\_\_\_\_  
DEPUTY CLERK

TO: (Name and address of Defendant)

(SEE COMPLT.)

## YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Don Bailey, Esq.  
4311 N. 6th St.  
Harrisburg, Pa. 17110  
(717) 221-9500

an answer to the complaint which is herewith served upon you, within (20) Twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea, Clerk  
CLERK

May 2, 2001

DATE

  
(By) DEPUTY CLERK George T. Gardner

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

RETURN OF SERVICE OF PROCESS

PLAINTIFF Danielle Abu COURT CASE NUMBER 1:01-cv-0084  
DEFENDANT Joanna Reynolds TYPE OF PROCESS Certified Mail

SERVE \_\_\_\_\_  
(Name individual, company; corporation, etc. to be served)

AT See attached  
(Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE \_\_\_\_\_

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

- I have personally served individual, company or corporation above.  
 I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is \_\_\_\_\_ . If certified mail was authorized, attach green cards to this form.  
 I have legal evidence of service, described under Remarks and attached hereto.  
(Domiciliary service, Substituted service.)  
 I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: \_\_\_\_\_

TITLE (IF ANY) OF PERSON SERVED: \_\_\_\_\_

ADDRESS WHERE SERVED: \_\_\_\_\_

DATE AND TIME OF PERSONAL SERVICE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

9-7-01  
Date

Adrienne J. Baile  
Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:  
OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT  
(Clerk's address in which the assigned judge is located. Refer to the  
Notice of Judicial Assignment form.)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

*Joanna Reynolds PSP  
1800 Elmerton Ave  
Wdg, Pa 17110*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

*MAY 10 2001*

## C. Signature

**X**

*[Signature]*

Agent  
 Addressee

D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
---	------------------------------

If YES, enter delivery address below:

No

**2. Article Number (Copy from service label)**

*7099 3400 0016 0532 8162*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

*Syndi Guido, Esq.  
Deputy General Counsel  
333 Market St, 17th Fl.  
Wdg, Pa 17101*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

*MAY 09 2001*

## C. Signature

**X**

*[Signature]*

Agent  
 Addressee

D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
---	------------------------------

If YES, enter delivery address below:

No

**3. Service Type**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

**4. Restricted Delivery? (Extra Fee)**

Yes

**2. Article Number (Copy from service label)**

*7099 3400 0016 0532 8155*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789